


UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY <b>DUE DATE:</b>							
1a. CONTACT PERSON FOR THIS ORDER <b>Abbie Chin</b>				2a. CONTACT PHONE NUMBER <b>(415) 749-1800</b>			3. CONTACT EMAIL ADDRESS <b>achin@clarencedyer.com</b>									
1b. ATTORNEY NAME (if different) <b>Kate Dyer</b>				2b. ATTORNEY PHONE NUMBER <b>(415) 749-1800</b>			3. ATTORNEY EMAIL ADDRESS <b>kdyer@clarencedyer.com</b>									
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)  <b>Clarence Dyer &amp; Cohen LLP</b> <b>899 Ellis Street</b> <b>San Francisco, CA 94109</b>				5. CASE NAME  <b>USA v. Pacific Gas and Electric Company</b>					6. CASE NUMBER  <b>CR14-0175WHA</b>							
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL      CJA: Do not use this form; use Form CJA24.												
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR <b>Katherine Sullivan</b>																
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:																
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
11/06/2018	WHA	is Conf	full hearing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:																
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE					
11. SIGNATURE  											01/16/2019					

Clear Form

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